

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO. <i>10670603</i>	FILING DATE
						APPLICANT(S)	
						CLAIMS	
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP	IND
1	/						51
2	/						52
3	/						53
4	3						54
5	(1)						55
6	(8)						56
7	/						57
8							58
9							59
10							60
11							61
12							62
13							63
14							64
15							65
16							66
17							67
18							68
19							69
20							70
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33							83
34							84
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36							86
37							87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	2						TOTAL IND.
TOTAL DEP.	7	↔		↔		↔	TOTAL DEP.
TOTAL CLAIMS	9	↔		↔		↔	TOTAL CLAIMS